SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

> BAYFIELD COUNTY, WISCONSIN Date Stamp (Received) APPLICATION FOR PERMIT

OEC دب 233

Permit #: Refund: Amount Paid: # 15 1-10-14 **型88** CENTRED)

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co., Zonling Dept. HOW DO I FILL OUT THIS APPLICATION (visit our .bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED-	JESTED-	🖟 LAND USE		SANITARY D PR	PRIVY	CONDITIONAL USE	SIN TANK		SPECIAL USE	□ B.O.A.	A. OTHER	THER
0	KIMI	DANDWSK	SK I	52195 LAK	LAKE	RD 1	BARNES	FS W	574	873	715-795	5. 2486
Address of Property:	o C			City/state	o U E	N91 6	$oldsymbol{\lambda}_{oldsymbol{l}}$	,7 ,0			262-534-	24-445
- 1				Contractor Phone:	r Phone:	31					Plumber Phone:	Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	n Signing Appli	ication on behal	f of Owner(s))	Agent Phone:	one:	Agent Mailin	g Address	Agent Mailing Address (include City/State/Zip):	State/Zip):		Written A Attached	Written Authorization Attached □ Yes 🔭 No
PROJECT LOCATION	Legal Description:	(Use	Tax Statement)	PIN: (23 digits) 04: 004 -	gits)	5-09-34	) 34 - 4	, de .	Recorded	1008	t: (i.e. Property 출Page(s) _	Recorded Document: (i.e. Property Ownership) Volume / クク8 Page(s) 828
5W 1/4, 54	7701111 A	Gov't Lot	Lot(s)	CSM	lo <sub>A</sub>		Lot(s) No.	Block(s) No.	Subdivision:	on:		
ection 34		45	N, Range 9	¥	Town of:	BARNE	V.		Lot Size		Acreage	8.60
	Is Property	//Land withi	□ Is Property/Land within 300 feet of River, Creek or Landward side of Floodplain?	Stream If yes	(incl. Intermittent)	-	Distance Structure	e is from Shoreline :	reline :	ls Prop	ls Property in	Are Wetlands
☐ Shoreland —— ☐	] Is Property	//Land withi	Is Property/Land within 1000 feet of Lake, Pond or Flowage	-	1	Distance	Distance Structure	e is from Shoreline :	reline :	₹ 🗆	∵Yes VNo	□ Yes
Non-Shoreland												
Value at Time of Completion * include donated time &	Project (What are you applying for)	ect applying for)	# of Stories and/or basement	s nemt	Use	# bedrooms	ms	Sew Is	What Type of Sewer/Sanitary Syste Is on the property?	/pe of ary System roperty?	<b>3</b>	Water
	New Construction	truction	1-Story		Seasonal			Municipal/City				City
) ) )	✓ Addition/Alteration  ☐ Conversion	Alteration	☐ 2-Story + L	Loft	Year Round		<b>E</b>	Sanitary (Exists) Specify Type:	<b>kists)</b> Specify	cify Type:	CONV	
	Relocate (existing bidg)	existing bldg)	□ Basement				)   ·	Privy (Pit) or U Vaulted (	or ⊔ Va	☐ Vaulted (min 200 gallon)	ר 200 gallo	(n)
	Property					1		Compost Toilet None	oilet			The state of the s
<b>Existing Structure:</b> (if permit being applied for is relevant to it)	f permit bei	ng applied fo	or is relevant to it)		Length:		W	Width:		He	Height:	
Proposed Construction:	on:				Length:		≦	Width:		HE	Height:	
Proposed Use	•			Pro	Proposed Structure	ture				Dimensions	ns	Square Footage
Hillian Hardy A. A. A. A.		Principal S Residence	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	structure	on proper k, etc.)	(у)				××	_ _	
\									` _	×		
Kesidentiai Use		- Andread Andr	with a Porch with (2 <sup>nd</sup> ) Porch	rch	weathfield the best of the state of the stat					×		
			with a Deck with (2 <sup>nd</sup> ) Deck							××	_ _	
Commercial Use	Ō		with Attached Garage	ed Garage	, and the same of				^	×		
år.		Bunkhou	Bunkhouse w/ (□ sanitary,	/, <u>or</u> □ sl	sleeping quarters,	or □ co	ing & foo	& food prep facilities)	38)	×	_	***************************************
		Addition	Addition/Alteration (specify)	ecify)	ENTRY	NA:	7			12 x 14	7	1684
Municipal Use		Accessor	Accessory Building (sp.	(specify)					-	×	_	
sprogramming and the find that the find that the state of		Accessor	Accessory Building Addition/Alteration (specify)	tion/Alte	ration (spec	lify)		HILL THE PERSON NAMED OF T	<u> </u>	. ×		
Hec'd for Issuance	66	Special U	Special Use: (explain)		THE PROPERTY OF THE PROPERTY O	Managery Trace				×	_	
		Other: (explain)	Conditional Use: (explain) Other: (explain)							××	_ _	
Secretarial Sta		FAILURE T	O OBTAIN A PERMIT	OT STARTIN	G CONSTRUCTI	A LUOHLIM NO	PERMIT W	ILL RESULT IN P	NALTIES			
am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Rayfield County relying on this information I (we) am lare) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the	e detail and acco	uracy of all informat	nation I (we) am (are) p	widing in or w	that it will be reli vith this application	ed upon by Bayfiel on. I (we) consent t	d County in l	determining whet	her to issue a h administerii	permit. I (we)	further accept	ot liability which

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

52195

CAKE

SO CO

BARNES

1873

Date

Date

N

120

12013

recently purchased the property

Attach
Copy of Tax Statement V
roperty send your Recorded Deed

Signature of Inspector: IIIIC IACL A UTALA  Hold For Sanitary: Hold For TBA: Hold For Affidavit:	-3-14 Inspected by: $M$	inspection Record: Metallafticle	Was Parcel Legally Created		Is Parcel a Sub-Standard Lot	3	Issuance Information (County Use Only)  Sanitary Number:	(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (HT), Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code  The local Town, Village, City, State or Federal agencies may also require permits.	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	able, Composting)  A  Substitution of a structure within ten (10) feet of the minimum required s	Setback to Septic Tank or Holding Tank   Setback to Drain Field   Feet	Lalktra 140+	Setback from the North Lot line 340 + Feet	Setback from the Centerline of Platted Road 7 300+ Feet Setback from the Established Right-of-Way 275+ Feet	10000	(8) Setbacks: (measured to the closest point)	O			5004	75.7	0.5		<ul> <li>(2) Show / Indicate: North (N) on Plot Plan</li> <li>(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)</li> </ul>
idavit:  Hold For Fees:	If the they need to be attached )		Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.) □ Yes: 坎 No	State No.		28×75   #of bedroom署	<u>on, Septic Tank (ST)</u> , <u>Drain field (DF)</u> , <u>Holding T</u> om the Date of Issuance if Construction or Use h LL Municipalities Are Required To Enforce The User Federal agencies may also require permits.	om the minimum required setback, the boundary line from whic use of a corrected compass from a known corner within 500 fee	the boundary line from which the setback must be measured mu	Setback to Well	Setback from 20% Slope Area  Elevation of Floodplain	Cothook from Motland	Setback from the Lake (ordinary high-water Setback from the River, Stream, Creek Setback from the Bank or Bluff	Description	280+ (Changes in plans must be approved	entryway laddition	197	 K10-1	<u></u>	140	<del>\</del>	All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*)  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%	Road (Name Frontage Road)
Date of Approval: 1/1	Date of Re-Inspection:	Zoning District $(F - f)$ Lakes Classification $(A / f)$	ner XYes INo /ed XYes INO	Case #	Affidavit Required		Sanitary Date: 4-/5-97	Tank (HT), <u>Privy (P)</u> , and <u>Well (</u> W). has not begun. Jniform Dwelling Code.	ch the setback must be measured must be visible from et of the proposed site of the structure, or must be	nust be visible from one previously surveyed corner to the	ĺΩ' Feet	NH Feet		water mark)  A  Feet  Feet	Measurement	approved by the Planning & Zoning Dept.			o well		300+		and/or (*) Privy (P)	